

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7122  
PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. No. 2  
Inc. Town Bremen  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

Registration District No. 2  
Primary Registration Dist. No. 2

File No. 23283  
Registered No. 92

FULL NAME Hallie Kessice

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH October 18, 1893  
(Month) (Day) (Year)

7 AGE 19 yrs. 10 mos. 18 ds. If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Housekeeping  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.

10 NAME OF FATHER James Harmon Nelson

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.

12 MAIDEN NAME OF MOTHER Uladjabel Grant

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James H. Nelson  
(Address) Bremen Ky.

15 Filed Sept. 5, 1912 W. C. Grundy  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 5th, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from August 20, 1912, to September 5, 1912, that I last saw her alive on September 5, 1912, and that death occurred, on the date stated above, at 7:20 P.M.

The CAUSE OF DEATH\* was as follows:

Arteriosclerosis, Resultant of  
arteriosclerosis

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory (SECONDARY) \_\_\_\_ (Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

(Signed) W. C. Grundy, M. D.  
Bremen Ky.  
(Address)

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (3) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. In the State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Where was disease contracted, If not at place of death?

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL

Charles Chapel

DATE OF BURIAL

September 6, 1912

20 UNDERTAKER

Bestriat

ADDRESS

Bremen Ky.